Register Online with the Family Care Safety Registry

The Family Care Safety Registry (FCSR) helps protect seniors, children, and the disabled by conducting background screenings on long term care workers, child care workers, and personal care workers. If you are an employee or a job applicant in one of these fields, you must register with the FCSR before background screenings can be requested. Registering with the FCSR means you will provide personal information and agree to background screenings for employment purposes as defined in state law. There is a one-time registration fee of $14.00.

Submitting your registration online is faster than the mail. Instead of the cost of a stamp, a $0.53 processing charge will be added to your fee.
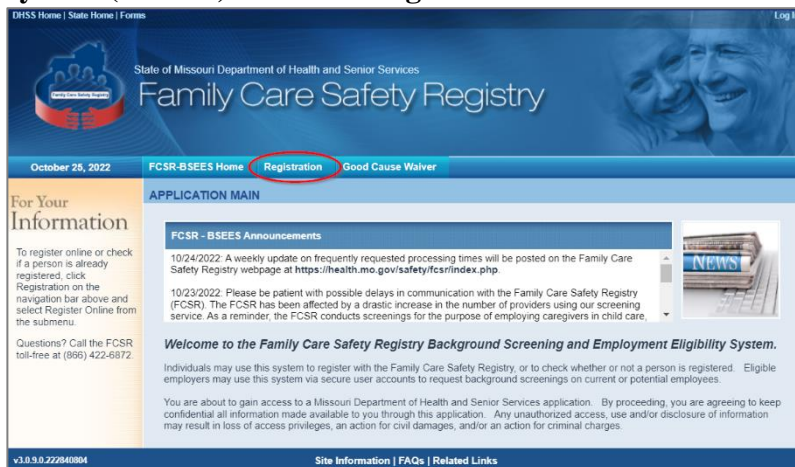
To register online you will need:

- Internet access
- Your Social Security number
- Your email address
- A credit card or debit card

NOTE
You may be asked to supply a copy of your Social Security card or other verification document after the FCSR receives your registration information.

The online system works best with Google Chrome.

The web address to access the FCSR Background Screening and Employment Eligibility System (BSEES) for online registration can be found at the end of this document.

From the FCSR-BSEES homepage, click the **Registration** button to begin.

From the submenu, click **Register Online**.

Read the Welcome to Registration Information. When ready, click the tab for **Is A Person Registered** to continue.

NOTE
You will see a **Messages** section on each page. Informational messages will be in black text. Error messages will be red.

Enter your Social Security number in the appropriate fields on the **Is A Person Registered** screen. Click the checkbox to confirm you are not a robot. (If presented, click all pictures that meet a given criteria to further prove you are not a robot.) Click the **Search** button.

You should be notified that your Social Security number was <u>not</u> found in the database.

NOTE

If you were notified that your Social Security number **was** found in the database, you may already be registered with the FCSR. If your Social Security number was found and you do not believe you have registered in the past, call the FCSR toll-free at 866-422-6872.

Click the **Continue** button.

Either enter an **Employer Name** (current or potential) *or* make a selection from **Select if No Employer**.

To enter an employer name, set your search criteria to either **Begins With** or **Contains**. Begin typing part of the employer name. As you type, a drop down list may appear. You may select an employer name from the drop down list *or* you can use what you've typed thus far.

Click the **Search** button.

After clicking the Search button, you should receive a list of one or more employer names from our database. If the correct employer is shown, click to checkmark the box by the employer name.

If the employer is not found in the database, or if you have another reason for registering, make the appropriate selection from the **Select if No Employer** field.

NOTE

If you are registering with the FCSR so you can be screened as an adoptive parent, please search for the adoption agency in the Employer Name field **and** choose Adoptive Parent from the Select if No Employer field.

After you have made a selection for either the Employer Name or the Select if No Employer field (or both if applicable), click the **Continue** button.

Now enter your personal information. First, select one or more **Registration Type(s)** by clicking to checkmark the appropriate box(es). Depending on what you select, subcategories may be opened for additional selections.

Select *only* the category(ies) that best describe your reason for registering with the FCSR at this time.

Next, enter your personal information.

As needed, click the **Add Other Name** button to add an additional entry field (or fields) for any other names you have used, such as a nickname, birth or married names, etc.

Finally, enter your contact information.

Click the **Continue** button after all required information is entered.

Click to checkmark the box by the address line that best reflects your address. You must make one selection. Select **Use Address Entered Above** if the standard address result provided does not reflect your mailing address.
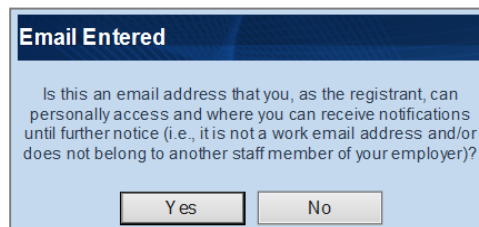
Click the **Save** button.

After you enter an email address, you are asked to confirm it is an email address where you can receive your personal copy of FCSR notifications. The email address should belong to you, not to your employer or another staff member.

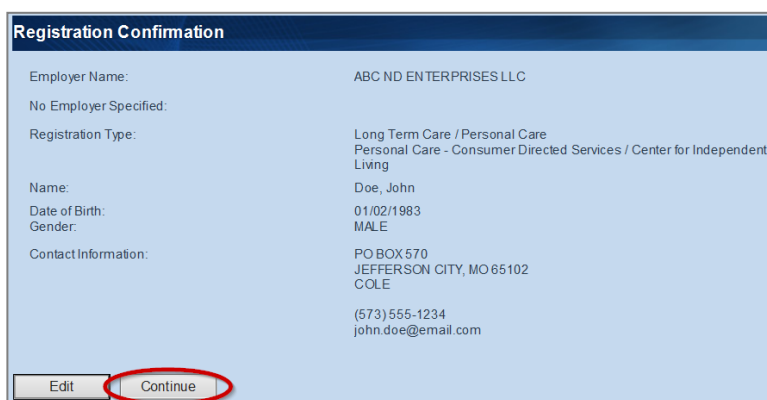Click **Yes** if the email address entered is one you access.

Click **No** to change the email address in your Contact Information now.

Email Entered

Is this an email address that you, as the registrant, can personally access and where you can receive notifications until further notice (i.e., it is not a work email address and/or does not belong to another staff member of your employer)?

[Yes]   [No]

Confirm that all information entered is correct.

Registration Confirmation

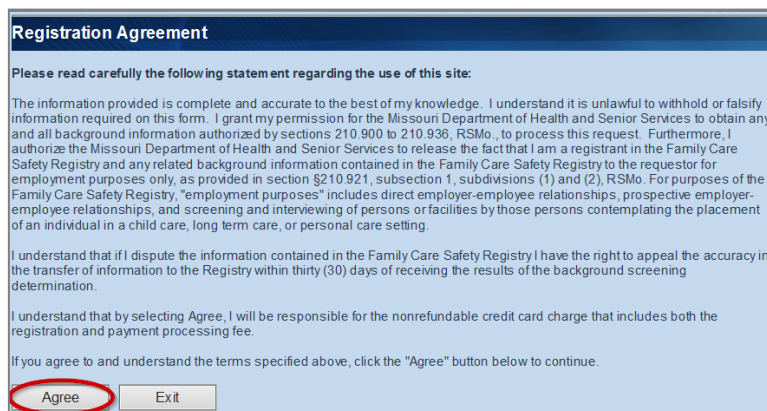| Employer Name: | ABC ND ENTERPRISES LLC |
No Employer Specified:	
Registration Type:	Long Term Care / Personal Care
	Personal Care - Consumer Directed Services / Center for Independent Living
Name:	Doe, John
Date of Birth:	01/02/1983
Gender:	MALE
Contact Information:	PO BOX 570
	JEFFERSON CITY, MO 65102
	COLE
	(573) 555-1234
	john.doe@email.com

[Edit]   [Continue]

Click the **Edit** button if there is an error.

Click the **Continue** button if your information is entered correctly.

Carefully read the Registration Agreement.

Registration Agreement

Please read carefully the following statement regarding the use of this site:

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services to obtain any and all background information authorized by sections 210.900 to 210.936, RSMo., to process this request. Furthermore, I authorize the Missouri Department of Health and Senior Services to release the fact that I am a registrant in the Family Care Safety Registry and any related background information contained in the Family Care Safety Registry to the requestor for employment purposes only, as provided in section §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the Family Care Safety Registry, "employment purposes" includes direct employer-employee relationships, prospective employer-employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, long term care, or personal care setting.

I understand that if I dispute the information contained in the Family Care Safety Registry I have the right to appeal the accuracy in the transfer of information to the Registry within thirty (30) days of receiving the results of the background screening determination.

I understand that by selecting Agree, I will be responsible for the nonrefundable credit card charge that includes both the registration and payment processing fee.

If you agree to and understand the terms specified above, click the "Agree" button below to continue.

[Agree]   [Exit]

If you agree to the statement, click the **Agree** button.

Clicking the **Exit** button will terminate your registration attempt and all information entered will be deleted.

Enter your payment information.

Click the **Continue** button after entering all required information.

Clicking the **Cancel** button will terminate your registration attempt and all information will be deleted.

Confirm the payment information was entered correctly.

Click the **Edit** button to re-enter payment information if needed.

Click the **Continue** button to finish your submission and receive a transaction confirmation.

You should receive a Transaction Successful notification. It may contain an information summary which can be printed now. Click the **Continue** button for a printer-friendly confirmation of registration submission and payment information to the FCSR.

NOTE
If your transaction was declined or failed, you may start over and submit again.

Your printer-friendly confirmation of registration submission and payment information will open in a new window. Print the notification using the Adobe Acrobat Reader print button.

NOTE
The printer-friendly confirmation requires:
- The free Adobe Acrobat Reader software, Version **9** or higher
- Pop-up blocker settings be modified to allow pop-ups from *.dhss.mo.gov

Go to https://healthapps.dhss.mo.gov/BSEES/Main.aspx to submit your FCSR registration online.

What happens next? FCSR staff will review your registration information and contact you with any questions. After the registration is processed, FCSR will complete an introductory screening and send the results attached to an encrypted email. Eligible employers can request your background information at no charge. You will be notified anytime your background information is provided. Keep your contact information up to date to ensure you receive these notifications. Inform the FCSR of any name changes as well as contact information changes.

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Family Care Safety Registry
PO Box 570
Jefferson City, MO 65102
Toll-free: (866) 422-6872
Fax: (573) 522-6981
www.health.mo.gov/safety/fcsr

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